

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073123

Entity Name: SWILCAN PROPERTIES LLC

FILED  
Apr 02, 2009  
Secretary of State

## Current Principal Place of Business:

#22 KING FISHER ISLAND  
SANDYPORT, WEST BAY ST.  
NASSAU, BAHAMAS,

## Current Mailing Address:

#22 KING FISHER ISLAND  
SANDYPORT, WEST BAY ST.  
NASSAU, BAHAMAS,

## New Principal Place of Business:

11740 ST ANDREWS PLACE  
APT 202  
WELLINGTON, FL 33414

## New Mailing Address:

P.O. BOX SP60175  
NASSAU, BS BS

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: DPST ( ) Delete  
Name: JONES, ROWENA MELANIE  
Address: #22 KING FISHER ISLAND, SANDYPORT, WEST BA  
City-St-Zip: NASSAU, BAHAMAS,

Title: D ( ) Delete  
Name: JONES, NEALE ADAM  
Address: #22 KING FISHER ISLAND, SANDYPORT, WEST BA  
City-St-Zip: NASSAU, BAHAMAS,

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROWENA JONES

DPST

04/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date